

## APPLICATION FORM

<b>FAUQUIER COUNTY, VIRGINIA</b> <b>Office of the Zoning Administrator</b>	<b>No.:</b> _____ <b>Date:</b> _____
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**LAND DESCRIPTION**

PIN #: _____ Magisterial District: _____ Zoning: _____	Street Address: _____ Acreage: _____
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<b><u>LAND OWNER</u></b>	<b><u>CONTRACT OWNER</u></b>
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Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____
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**TYPE REQUEST:**

SPECIAL PERMIT <input type="checkbox"/> ADMINISTRATIVE PERMIT <input type="checkbox"/>	VARIANCE <input type="checkbox"/> APPEAL <input type="checkbox"/>
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**SECTION OF ORDINANCE:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STATEMENT OF PURPOSE OF REQUEST:** \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**PUBLIC MEETING/HEARING**

This request will be considered first at a meeting or hearing as follows.

The applicant must be present or represented at this meeting.

Place: Warren Green Meeting Room  
 10 Hotel Street, Warrenton, VA 20186

**Board of Zoning Appeals**

**Date:** \_\_\_\_\_  
**Time:** \_\_\_\_\_

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Signature ☐ Owner ☐ Contract Owner